A large, stylized graphic of a cross and a road. The cross is white with a blue outline, set against a blue background. The road is a thick white line that curves from the bottom left, goes up and to the right, then turns sharply to the right, forming a shape reminiscent of a road sign for a 'T' intersection. The background is a light blue.

AT THE CROSSROADS

ANNUAL REPORT
FOR 1976
ST. LUKE'S HOSPITAL CENTER



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New York, N.Y. 10025**

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St. Luke's at the Crossroads

St. Luke's Hospital Center stood at a crossroads in 1976. The hospital family made some decisions which we hope will take us down the right road into the future. The most important of those decisions was to begin The St. Luke's Fund, a campaign to raise \$30 million in capital and endowment funds to enhance our programs in patient care, teaching and research.

The campaign began during an auspicious time for St. Luke's. The problem of consuming deficits, which had so harried the Hospital Center and eaten into its endowment by more than \$12 million, appeared to have been eased. In 1976, we finished in excellent shape financially; for the first time since 1970, St. Luke's operated in the black, defying a 9.3 percent nationwide inflation rate, a major city-wide hospital strike, and uncertain reimbursement schedules which had made financial planning a difficult task.

In 1976, we took care of more than 22,000 patients inside the hospital complex. We were able to maintain St. Luke's historical concern for and commitment to our neighbors on the Upper West Side with our Community Medicine programs. Though the financial stringencies of the last few years had dictated drastic organizational and policy changes in various outpatient departments, close to 180,000 patient visits were recorded in our clinics and outreach programs in 1976.

Overall service to our inpatients remained high in efficiency and effectiveness. A survey of all patients in St. Luke's in the fall of 1976 reported that our motto which states that the Hospital Center is staffed by "people who care" is solidly grounded on fact. Excellence in patient care was fully maintained while holding down operating costs throughout the Hospital Center to a 1976 increase over the previous year of 5.1 percent. This figure is below the national average for hospitals and speaks well of the solutions arrived at by administration, trustees, medical staff, nurses, and employees to hold the line on costs.

In the face of budget cutbacks, both within the hospital and at the governmental level, our teaching and research programs forged ahead. We were able to endow two more teaching chairs, we continued to attract the finest young physicians for postgraduate training, and our research efforts scored impressive gains.

A brighter financial picture seemed, in 1976, to have lifted the overall morale of the Hospital Center. Though such sentiment is hard to gauge, it can certainly be felt. There was a sense at St. Luke's that a corner had been turned. While the financial outlook for the future appears uncertain—we are at the mercy of many factors beyond our control—we feel sure that nothing now will interfere with our medical mission.

Consolidations Effect Savings

The year-end solvency was due in no small measure to a streamlining of operations that marked a new departure in many ways. Programs were reviewed, resource assignment (especially bed allocations to the individual medical services) was closely scrutinized and personnel deployment evaluated. From this, plans were enacted to combine certain programs and effect operational changes, leading to greater utilization of manpower and equipment in those areas where demonstrated need, fiscal pressure and good health planning mandated change.

In the inpatient areas, a reallocation of beds from services with decreasing occupancy to areas with increasing occupancy was carried out throughout St. Luke's. For the first time in its existence, Woman's Hospital admitted men and its ninth floor became an enclave of the medical/surgical services. Similar moves and consolidations, involving Urology, Ear, Nose & Throat, and Pediatrics, among others, resulted in greater efficiency and better utilization.

Comparable reorganizations in the outpatient depart-

ments, which had long been operating at a deficit, brought about mergers of small clinics such as Chemotherapy with Hematology, and Diabetes with Endo-Thyroid, while others reduced their hours. A review of personnel deployment led to the elimination of 160 jobs during the winter of 1975-76, many of them in the outpatient areas.

New Fee Schedules Enacted

Fee schedules had to be increased, establishing minimums of \$7 per visit for persons living within the catchment area and \$35 per visit for those living beyond it. (As of this writing the range has increased to \$45.) Payment was more strictly enforced.

The administration did not enact these changes lightly. St. Luke's was intensely aware that the higher fees would spell hardship for the "working poor," that group of people who receive minimum wages and who carry no health insurance. Their incomes, though low, are too high to entitle them to Medicaid and they have traditionally depended on hospital outpatient departments for care. The St. Luke's catchment area has a high proportion of "working poor" who were affected by these measures.

With the exception of the Alcoholism Treatment Programs, an important part of the Psychiatric Service, which benefited from outside funding, the retrenchments in the ambulatory clinics resulted in a 20 percent decrease in patient visits in 1976 over the year before. At the same time, however, admissions increased from the Emergency Room and the clinics, despite more stringent admission review procedures, which in no way hampered care to the critically ill.

Ambulatory Care Comes of Age

The economics of modern health care delivery puts the classical concept of the hospital as the center and controlling influence of all medical treatment in some question. Clearly, any long-range solutions to the problem of ambulatory care at St. Luke's necessitate a close look at present clinic operations with a view to devising innovative modes of health care delivery.

In this light, major changes were introduced in 1976 and proposals implemented that would put ambulatory care on a solid footing. In response to Public Law 93-41 (National Health Services Planning and Development Act) and the American Board of Internal Medicine, the St. Luke's Medical Service restructured its teaching program to emphasize general internal medicine in accord-

ance with present-day stress on primary care, leading to a more continuous and holistic viewpoint of the patient and his or her problems. Financial strengthening of this program is being sought through a number of grant proposals.

Some of the same aims are being served by independent satellite clinics in the community, with St. Luke's providing hospital backup. The Hospital Center has had excellent experience with one such enterprise, the Neighborhood Health Service Program, established by the Mid-West Side Neighborhood Council and St. Luke's. Funded by the Federal government, the clinic, based at the Riverside Health Center, 160 West 100th Street, provides medical care to persons living between 86th and 110th Streets and Central Park West and the Hudson River. After ten years of close administrative ties with St. Luke's, the NHSP perfected its organization to the point where, starting in Spring of 1977, it began functioning independently while retaining the Hospital Center as backup for patients who require our specialized facilities.

With the same aim in mind, a letter of intent has been sent to American Practice Management, Inc., an Article 28, State-approved group practice wishing to establish a primary care clinic on West 125th Street. In addition, a feasibility study for group practice by St. Luke's physicians elsewhere in the Hospital Center's catchment area is being planned. In a slightly different vein, the area of executive physicals, whose potential has long been neglected, is being explored by a subcommittee of the Medical Board.

New Departures For The Medical Board

In 1976, the ranks of attending physicians rose from 574 to 599, a situation that contributed materially to the 88.9 percent occupancy rate achieved during that year. More doctors brought more patients to the hospital for a generally shorter stay. In the area of ambulatory care, a new full-time director was named to work with a new full-time director of the Emergency Room.

Both attending and full-time physicians have gained more effective representation on the Medical Board through the formation of a subcommittee on clinical practice and by broadening the duties of the Executive Committee to function as a director of service committee. In June 1976, the Board of Trustees announced that it would add a certain number of physicians to its ranks and appoint them to key committees. The measure, designed to further the dialogue between physicians and trustees, has proved successful. Earlier in the year, the Medical

Board established a mechanism for periodic departmental review, including initiating contingency reviews of specific services or directors of service, thereby strengthening its active role in ensuring quality of care at the Hospital Center.

Through its affiliation with the College of Physicians & Surgeons, St. Luke's is a university teaching hospital. As such, a mutually satisfactory functioning of the affiliation agreement is of primary importance. Rough spots that have impaired smooth relationships throughout the years are being ironed out through the good offices of Dr. Antonie T. Knoppers, a physician and former corporation executive of international renown, who has been hired by the Board of Trustees to assist in developing the relationship between the Hospital Center and the Medical School to its fullest potential. The ties with the College of Physicians & Surgeons has been further enhanced by the appointment of three St. Luke's physicians to endowed chairs.

A Glimpse Into The Future

It would be illusory to assume that the present economic stringencies will not be with us for many years to come. Clearly, current incomes barely suffice to hold the line and any expansion of programs and services or improvement of facilities would have to be paid from independent sources of revenue. Thus, the success of the St. Luke's Fund is key to the future of the Hospital Center.

The Fund, whose name denotes both the drive and the corporation that administers the money, has set itself the goal of raising \$30 million during the next few years so that St. Luke's can continue to remain a financially viable institution, serving its patients with dedication and compassion while maintaining the highest standards of medical care. The Fund expects to raise the resources from the St. Luke's family and community, from our friends, and from foundations, corporations and government agencies. The money will go toward programs to enhance patient care, establish endowed professorships, and support crucial biomedical research projects at the newly founded St. Luke's Institute for Health Sciences.

The Institute, which we plan to operate jointly with Columbia University, will administer all of the funds which support the research activities of the Hospital Center. Increased funding, which now stands at approximately \$2 million annually, will allow a complete fiscal separation of research from the hospital operating budget. A separate corporate body will ensure that the maximum benefit will accrue from our research efforts by setting up

the best possible organizational, financial and physical arrangement for such work. The obvious financial benefit involved in a totally separate research organization is that the Institute will better control costs and maximize the sharing of equipment, space and technical personnel.

The three separate corporate entities which now constitute our hospital—The St. Luke's Fund, the Hospital Center, and the Institute for Health Sciences—are the shape of the future. We anticipate further separate corporate bodies within our overall institutional structure, including one in ambulatory care. A corporation for ambulatory care will allow us to maximize cost efficiency and care, minimize duplication of effort and allow more effective cost accounting procedures of ambulatory care. It is clear to us that the establishment of what in private business would be defined as profit or cost centers will allow us to control our expenses more closely and react in a positive fashion to criticism that hospital costs are getting out of hand.

Because of our current state of financial equilibrium, we face the future with some optimism. We have set in place several institutional components which we hope will restore to us the measure of financial independence and authority that any great hospital needs to serve its patients, teach the doctors of tomorrow and pursue medical research. By June of 1977, The St. Luke's Fund had already raised almost 20 percent of its goal. Much depends on its success as it enters its public phase in the fall of 1977. We are confident that our hopes for the Hospital Center and for its splendid aims are not misplaced. We trust that our friends share in this confidence and will support our endowment and capital campaign.

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Neville W. Carmical

Charles C. Harrold
Norman N. Ostrov
Ira D. Rothfeld
Stanley Whitfield

Associate Attending Otolaryngologists
Mauriciu Rodescu
Raymond B. Strauss

Assistant Attending Otolaryngologists
Nazih M. Haddad
Harmon Talley Rhoads Jr.

Acting Assistant Attending Otolaryngologist
Cecil D. Grimes

Courtesy Privileges
Mavrikij P. Chester

Pathology



Director
Charles F. Begg

Consulting Pathologists
Leila C. Knox
Raffaele Lattes
Leon Motyloff

Attending Pathologists
Charles F. Begg
Harold P. Gaetz
Kendall K. Kane
Artemis D. Nash
Stephen F. Ryan

Associate Attending Pathologists
Petra-Elena Banogan
Corazon S. Sian

Psychiatry



Director
Eugene B. Feigelson

Consulting Psychiatrists
John M. Cotton
Frank J. Curran
Henriette Klein
Luis Perelman
Charles H. Richards

Attending Psychiatrists
Alexander Caemmerer Jr.
Ralph Colp, Jr.
Eugene B. Feigelson
William Goldfarb
Stanley S. Heller
Willard S. Kahn
Clarice J. Kestenbaum
Samuel C. Klagsbrun
David M. MacDonald
Robert Michels
John A. Milici
Bernard L. Pacella
Harry Reiss
Samuel F. Thomas
C. Philip Wilson

Associate Attending Psychiatrists

Gail B. Allen
Frederic A. Alling
Kenneth M. Berc
Hector R. Bird
Irene Chiarandini
Victor D'Arc
Paul Dince
Nathaniel Donson
A. David Etess
James G. Katis
Gerald Kleinerman
E. Arthur Livingston
Eugene J. Mahon
John W. Rosenberger
Sirgay Sanger
Ira B. Silverstein
William G. Sommer
John A. Sours
Henry I. Spitz
Olin L. West
Harvey Lee White

Assistant Attending Psychiatrists

Martin Asnis
Robinette N. Bell
Carlos Diaz-Matos
James H. Egan
Bruce Fader
John A. Fogelman
Edward E. Gilmour
Shepard J. Kantor
William H. Koch
David Y. Levine
Howard E. Millman
Reed E. Moskowitz

Paul W. Nassar
David D. Olds
Michael C. Piercy
Kenneth Porter
Frederic M. Quitkin
Esther P. Roberts
Bernardo S. Scheimberg
Eleanor S. Schuker
Carlotta L. Schuster
Gerda H. Strika
Martha C. Troutman

Acting Assistant Attending Psychiatrists

Cyrus Ayromlooii
Jeffrey L. Biener
Hanne E. Favelukes
Gregory W. Fischer
Joel Goncher
Robert E. Hall
Alan Kouzmanoff
Henry C. Mallard
Henry A. Paul
Keith W. Sedlacek
David Z. Starr
Victor Syrnis
Michael M. Trapido
Charles F. Yackulic

Research Associates

Herbert M. Hendin
Daniel N. Stern

Clinic Assistants

Katherine Falk
Lester H. Friedman

Clinic Assistants with Courtesy Privileges

Leonor Barrera Tellez
Carlos Carrillo
Joseph D. Rosen

Courtesy Privileges

George E. Daniels
Richard J. Glavin
Lothar B. Kalinowsky
Edward Kaufman
David Thurber Read
Herbert Spiegel

Associate Staff

Myra Balinson, Ed.D.
Joseph E. Barmack, Ph.D.
Ruth W. Berenda, Ph.D.
Sam Ehre
Francis A. Ianni, Ph.D.
Harry R. Kissileff, Ph.D.
Adam Munz, Ph.D.
Alberta B. Szalita

Rehabilitation Medicine



Director
Shyh-Jong Yue

Consulting Psychiatrist
Victor A. Ribera

Attending Psychiatrist
Shyh-Jong Yue

Associate Attending Psychiatrists
Ravi R. Malpe
Lucille Tsu Pai

Assistant Attending Psychiatrists
Michael J. Jacobson

Associate Staff
Michael S. Aronoff
W. Crawford Clark, Ph.D.

Radiology



Director
Nathaniel Finby

Consulting Radiologists
David H. Baker
Samuel L. Beranbaum
Walter E. Berdon
Herbert F. Hempel
Ernest Kraft
Samuel H. Madell
Rieva Rosh
William B. Seaman

Attending Radiologists
Kuo York Chynn
Nathaniel Finby
Samuel D. Hemley
Virginia Kanick
Richard D. Kittredge
Leonard M. Liegner

Associate Attending Radiologists
Ina Ruth Altman

Jeanne W. Baer
Frank M Dain
John T. Hsu
William I. Shaw
Efthimios C. Spyropoulos

**Assistant Attending
Radiologists**

Carol L. Hilfer
Hsien Wen Ju
Susan M. Tuck
Ezzat T. Youssef

Associate Staff

Mr. Morris Hodara
Robert A. Phillips, Ph.D.
Harald Rossi, Ph.D.

Urology



Director

Russell W. Lavengood Jr.
(Acting)

Consulting Urologists

John W. Draper
John K. Lattimer
John A. Taylor

Attending Urologists

Manuel Fernandes
Russell W. Lavengood Jr.
Waleed G. Maloof
Constantine Photos
Joseph N. Ward

**Associate Attending
Urologists**

Alfred F. Fretz
Rudolph D. Talarico
Pellegrino J. Tozzo

**Assistant Attending
Urologists**

Philip C. Cea
Harry S. David
Urbano K. Guarin
Alexander M. Panossian
W. Reid Pitts, Jr.
Joseph D. Putignano
Alexander Sotiropoulos
Arumbi P. Subramaniam

**Clinic Assistant with
Courtesy Privileges**

Abas Rezvani

House Staff

(All M.D. unless otherwise indicated)

Medicine

Chief Resident
Dennis G. Huskins

Fellows:

Elliot H. Borak
(Gastroenterology)

Alan N. DeCarlo
(Cardiology)

William O. Frank
(Gastroenterology)

Martin J. Frankel
(Pulmonary Diseases)

Richard Friedlander
(Cardiology)

Lowell Greenwald
(Nephrology)

Philip Grossman
(Gastroenterology)

Isadore Gutwein
(Gastroenterology)

Samuel M. Hazlett, III
(Cardiology)

Thomas J. Kelly
(Gastroenterology)

Stephen B. Lichtenberg
(Cardiology)

Athanasiros Mallios
(Pulmonary Diseases)

Allen H. Mogtador
(Cardiology)

Joseph P. Padula
(Pulmonary Diseases)

Niloufer A. Rodrigues
(Hematology)

William A. Tansey, III
(Cardiology)

Joel J. Weinreb
(Gastroenterology)

Third Postgraduate Year:

Mary R. Bond

Alan R. Gladstone

Barry A. Johnson

Barry E. Goozner

Wade A. Johnson

Shahab Momtazi

Francisca L. Pickoff

Marc L. Spero

Zoltan G. Turi

Second Postgraduate Year:

Jonathan D. Abramson

Linda R. Barzelay

Barry S. Benerofe

David I. Cohen

Paul M. Deringer

Gerald Gordon

Joseph D. Granderson

Helen G. Hartmann

Thomas J. Hoffmier

Mitchell Kahn
David S. Klug
Mary M. O'Sullivan
Natalie J. Warner
Matthew H. Zukowski

First Postgraduate Year:
John T. Barnard
Richard L. Bronzo
Frank S. Castellana
Richard Chang
Richard M. Dwoskin
Andrew M. Goldmann
Steven Lampert
D. Randall Radin
Clifford M. Ratner
Marvin I. Ruderman
Clyde B. Schechter
Lanny J. Turkewitz
Nina Zasorin

Surgery

Fellows:
Warren B. Burrows
(Renal Transplantation)
Jorge Luis Camunas
(Cardiac Surgery)
Antoine S. Munther
(Tumor Immunology)

Fifth Postgraduate Year:
Donald M. Cristell
Charles A. S. Marrin
Albert Wildstein

Fourth Postgraduate Year:
Cecelia M. Johnson
John W. Klay
Arthur E. Palamara
Issam D. Soussou

Third Postgraduate Year:
Michael C. Damask
Gregory T. Fisher
William G. Ramey
Donald F. Temple
Charles G. Wagner

Second Postgraduate Year:
Howard M. Berger
Richard A. Brezing
Sabet W. Sashim
Samuel E. Hazell
Ludwig M. Licciardi
Gary J. Savatsky
Alexander J. Swistel
William M. Zurich

First Postgraduate Year:
Lois A. Bailey
Soly Baredes
J. Bradford Fisher

Boulos E. Hobeika
Stanley Katz
William A. Mitchell
Ira P. Posner
Robert N. Pyle
Howard Taylor

Surgery, Plastic

Senior Resident:
Eli Milch
Junior Resident:
Wayne R. Dibble

Obstetrics and Gynecology

Fellow:
Behzad Satvat

Fourth Postgraduate Year:
Edison A. Azenha
Valiant W. Chou
Lindolfo deOlivaes-Neto
Nabil T. Gergis
Hee Myoung Park

Third Postgraduate Year:
Janos Jakus
Jay J. Kelinson
Nicholas Klein
Bruce M. Schiffman
James T. Yang

Second Postgraduate Year:
Lynn Borgatta
Kok C. Chang
Raufa Faroqui
David E. Jacobowitz
Leon Lewenstein

First Postgraduate Year:
Yvonne C. Hines
Ronald J. Reiss

Pediatrics

Fellows:
Bernadette Fiscina
(Ambulatory Care)
Robert L. Mones
(Gastroenterology)

Third Postgraduate Year:
Maria deOlivaes
Jatin D. Kapadia
Kusum Khanna
Calliope Paidoussis
Sudhir M. Parikh

Second Postgraduate Year:
Meenakshi Jhaveri
Prakash Kaur
Harish Kothari
Maria Luz Parlan-Reyes
Jagdishchandra Patel

First Postgraduate Year:
Nutan Anand
Javed I. Bangash
John Barthelemy
Subramanyam Reddy
Rita L. Saldanha

Anesthesiology

Fourth Postgraduate Year:
Ruben Monotya

Third Postgraduate Year:
Rajiv Bajaj
Fabienne Dupont
Kiranchandra Kamat
Renato C. Miguel
Jayaprakash J. Modi
Warlito Ragasa
Himamshushekhar Sastry
Mg Kyaw Tun

Second Postgraduate Year:
Ernesto M. Jimenez
Amarjit Lamba
Claudio Melloni
Nirmal Patel
Ismael Santa Romana

First Postgraduate Year:
Gliceria C. Dominguez

Dermatology

Fourth Postgraduate Year:
Marie B. Britz
Michael C. Tomcik

Third Postgraduate Year:
Kasro Sadri

Second Postgraduate Year:
Linda Susan Marcus

Ophthalmology

Fourth Postgraduate Year:
Jerald A. Bovino
Anthony J. DeNisco

Third Postgraduate Year:
Philip A. Bonanno
John V. Linberg

Second Postgraduate Year:
David P. Frasz
Robert J. Landry

Oral Surgery

Third Postgraduate Year:
Stuart M. Hirsch, D.M.D.

Second Postgraduate Year:
Richard J. Torchia, D.D.S.

First Postgraduate Year:
John M. Fox, D.D.S.

General Dentistry

First Postgraduate Year:
Martha G. Connell, D.D.S.
Gil G. Perrone, D.D.S.

Orthopedic Surgery

Fifth Postgraduate Year:
Vincent G. Fietti
Frederic E. J. Helbig
Tarik H. Mardam-Bey

Fourth Postgraduate Year:
Gerald A. Halaby
Benjamin D. Rubin
William T. Stillwell

Third Postgraduate Year:
Robert V. Dawe
Balz Isler
Hassan M. Parvatharaj

Otolaryngology

Fellow:
F. H. Paul Di Maio

Fifth Postgraduate Year:
Shrikant K. Rishi

Fourth Postgraduate Year:
Massoud Amini

Third Postgraduate Year:
Awny A. Abdou

Pathology

Fifth Postgraduate Year:
Sathyavagiswaran Lakshmanan
Geetha Natarajan
Patricia R. Romano

Third Postgraduate Year:
Fred W. Darr II

Second Postgraduate Year:
Sundara Sridhar

First Postgraduate Year:
Zehra F. Rajani

Psychiatry—Adult

Fourth Postgraduate Year:
Stephen Dunlop
Joseph Ezra

Third Postgraduate Year:
Ronald L. Brenner
Laure Duval
William F. Hoffmann III

Charles Ihlenfeld
Joel J. Wallack
Sandra J. Wulach

First Postgraduate Year:
David M. Corwin
Maurice Haberman
M. Roy Kremberg
Marshall J. Stein

Psychiatry—Child

Sixth Postgraduate Year:
Ranja K. Schildt

Fifth Postgraduate Year:
Harold H. Fogelman
Stephen G. Underwood

Fourth Postgraduate Year:
Daniel Koblentz
Leon Kron
Enrique Madrigal Segura

Radiology

Fellow:
Virgilii Necula

Fourth Postgraduate Year:
Antonio S. Daiz
Joan B. Hacken
Philip H. Karver

Third Postgraduate Year:
Manoochehr Abiri
Sol J. Dan
Orachart Mauleekulphiroj

Second Postgraduate Year:
Alice N. Francisco
Agop K. Gulekjian
Mahendra Parikh

First Postgraduate Year:
Fahim Gheibi

Urology

Sixth Postgraduate Year:
Natvarlal Patel

Fifth Postgraduate Year:
Richard Dias

Fourth Postgraduate Year:
Jean Jacques DeShadarevian

Third Postgraduate Year:
Rajendraprasad Patel

1976 Statistics

Patient Days	
Adult and Pediatric	249,705
Nurseries	13,398
Admissions	22,516
Births	2,455
Percent occupancy	88.7%
Average stay (excluding newborn)	10.1
Emergency Room visits	76,632
Outpatient visits	179,226
Neighborhood Health Services	
Program visits	81,709
Home care admissions	781
Home care visits	7,711
Family Planning visits	2,136
Infertility/Endocrine	521
Genetics Counseling	46
Nutrition Consultations	2,623
Hemodialysis treatments	6,921
Radiation therapy treatments	7,530
Rehabilitation medicine treatments	32,070
Anesthesias	10,611
Surgical procedures	12,312
Open heart operations	704
Blood transfusions	9,556
Diagnostic x-ray examinations	95,721
Ultrasound examinations	2,162
EEG procedures	1,746
EKG procedures	28,615
Nuclear medicine procedures	11,735
Pathology tests	1,745,499
Prescriptions filled	351,064
Beds	
Bassinets	776
Personnel on staff	70
Attending physicians	3,328
Interns, residents, fellows	599
Volunteers	208
Meals served	832
Linens laundered (lbs.)	1,161,429
	3,243,292

Financial Turn-Around in 1976

After several years of deficits, the 1976 operations of St. Luke's produced a substantial net gain with a resultant financial stability. This long sought goal was accomplished by the combined efforts of the trustees, medical staff and dedicated employees. The fact that we met required patient needs within realistic financial resources during 1976 will stand as a benchmark against which to measure future hospital operations. It is also evidence that quality care continues in the St. Luke's tradition.

The increase in overall hospital occupancy to an all time high of nearly 90% was a major economic factor in our favorable financial results. Reallocation of beds, additional clinical staff appointments and the continued support of the medical staff contributed to the optimum utilization of Hospital Center facilities. Clinic operations, which for several years were a major financial drain, were restructured to operate with optimum effectiveness and outpatient clinic financial losses were reduced. In spite of frozen outpatient reimbursement and reduced governmental subsidy support, the clinic and emergency services produced increased revenues.

An eleven-day strike in July 1976 resulted in an arbitrator's award that continued previous wage levels for all personnel through the end of 1976. In the face of spiraling utility costs, malpractice insurance provisions (we are now self-insured) and general inflationary increases in supplies and services purchased, management held overall operating costs to an increase of approximately 5%. At a time when State and City financial difficulties were expressed in health care reimbursement cuts for Medicaid and Blue Cross services, the Hospital Center's rates were modestly increased due in large measure to previous years' relatively low cost operations.

By the end of 1976, all borrowing under our established line-of-credit were repaid and the hospital was debt-free. Depreciation and malpractice funding requirements for the year were satisfied in full. Significant improvement in accounts payable to our suppliers was made.

The financial health of St. Luke's at year-end established a sound financial situation as we entered 1977. Further constraining Federal, State and City health care financing cut-backs in 1977 appear a certainty, and the combined effort of all concerned will continue to be a necessity if quality services to our patients are to be continued.

Copies of the detailed auditor's statement are on file at the Hospital Center.

Edward A. Messier
Vice President for Administration

St. Luke's Hospital Center
**Statement of Revenues and Expenses
of Unrestricted Funds**

	Year ended December 31,	
	1976	1975
PATIENT SERVICE REVENUE		
Inpatients	\$70,756,489	\$58,768,582
Clinic and emergency room patients	14,466,328	12,321,536
Private ambulatory patients	292,310	374,485
Home care patients	484,315	485,894
Newborn	2,663,821	2,075,893
	<hr/> 88,663,263	<hr/> 74,026,390
Less:		
Contractual allowances	14,243,366	9,485,801
Other allowances	3,607,814	3,024,358
Provision for uncollectible accounts	5,720,000	5,550,934
	<hr/> 23,571,180	<hr/> 18,061,093
Net patient service revenue	<hr/> 65,092,083	<hr/> 55,965,297
OTHER OPERATING REVENUE:		
New York City Ghetto Medicine appropriation	692,305	1,131,350
New York City Community Mental Health Board	801,502	735,629
Cafeteria and hospitality shops	379,183	498,244
Rents and commissions	954,110	776,323
Expenses recovered from other funds	3,532,438	4,050,567
Columbia University Clinic	87,962	87,997
Other	336,926	402,744
	<hr/> 6,784,426	<hr/> 7,682,854
Total operating revenue	<hr/> 71,876,509	<hr/> 63,648,151
OPERATING EXPENSES:		
Salaries and wages	43,006,340	42,209,469
Supplies and expenses	27,371,985	25,805,068
Depreciation	2,375,769	2,312,239
Interest expense	398,907	381,488
	<hr/> 73,153,001	<hr/> 70,708,264
Loss from operations	<hr/> (1,276,492)	<hr/> (7,060,113)
NONOPERATING REVENUE (Net):		
Income from invested funds	1,389,008	1,100,843
Contributions for general purposes	316,106	359,602
Legacies for general purposes	500,274	2,360,091
Loss on sale of securities	(96,772)	(4,296)
Recovery of unrealized loss on securities	550,000	138,300
Nonoperating expense	(288,147)	—
	<hr/> 2,370,469	<hr/> 3,954,540
Appropriation from endowment funds	1,093,977	(3,105,573)
	<hr/> 1,023,171	<hr/> 259,660
EXCESS OF REVENUES OVER EXPENSES	<hr/> \$ 2,117,148	<hr/> \$ (2,845,913)
EXCESS OF EXPENSES OVER REVENUES	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

St. Luke's Hospital Center
Balance Sheet

Assets

	December 31,	
	1976	1975
UNRESTRICTED		
CURRENT ASSETS:		
Cash	\$ 49,883	\$ 295,329
Marketable securities (carrying value approximates market)	192,321	3,013,125
Accounts receivable for services to patients, less allowances of \$9,168,000 (1976) and \$6,611,000 (1975)	13,415,558	9,912,116
Other receivables	983,650	1,402,281
Inventories of supplies, at cost	648,505	588,891
Prepaid expenses	101,924	145,533
TOTAL CURRENT ASSETS	15,391,841	15,357,275
OTHER ASSETS:		
Cash	7,536	8,069
Marketable securities—self-insurance fund (carrying value approximates market)	1,215,000	—
Marketable securities—other, less allowance for unrealized loss of \$263,000 (1976) and \$813,000 (1975) (carrying value approximates market)	6,156,304	4,478,271
Property, plant and equipment, at cost less accumulated depreciation.....	31,495,794	32,300,688
Construction in progress	216,906	142,587
	39,091,540	36,929,615
	\$54,483,381	\$52,286,890
RESTRICTED		
SPECIFIC PURPOSE FUNDS:		
Cash	\$ 3,716	\$ 102
Marketable securities (quoted market \$3,091,000 in 1976 and \$2,363,000 in 1975)	2,550,879	2,404,198
Grants receivable	1,640,844	1,559,533
Due from unrestricted funds	766,262	592,837
	\$ 4,961,701	\$ 4,556,670
PLANT REPLACEMENT FUND:		
Cash	\$ 7,073	\$ 147
Marketable securities (quoted market \$4,946,000 in 1976 and \$3,663,000 in 1975)	4,855,248	3,482,610
	\$ 4,862,321	\$ 3,482,757
ENDOWMENT FUNDS:		
General and restricted endowments:		
Cash	\$ 108,419	\$ 76,812
Marketable securities (quoted market \$25,189,000 in 1976 and and \$19,746,000 in 1975)	22,937,447	19,061,107
Real estate investment, at cost less accumulated depreciation)	713,218	742,290
Due from unrestricted funds	3,030,912	3,030,912
	26,789,996	22,911,121
The A. Van Horne Stuyvesant Memorial Fund:		
Cash	6,604	193
Marketable securities, less allowance for unrealized loss of \$1,411,000 in 1976 (quoted market \$3,122,000 in 1976 and \$2,915,000 in 1975)	3,121,825	4,581,544
Property, plant and equipment, at cost less accumulated depreciation.....	1,982,174	2,046,113
	5,110,603	6,627,850
	\$31,900,599	\$29,538,971

Liabilities and Fund Balances

FUNDS

CURRENT LIABILITIES:

	December 31,	
	1976	1975
Notes payable	\$ —	\$ 4,000,000
Accounts payable	4,366,349	4,615,801
Accrued salaries and payroll taxes	1,372,088	1,252,598
Retroactive adjustments due to reimbursing agencies	3,591,765	—
Accrued pension costs	154,324	108,212
Loan payable	200,000	225,000
Current portion of instalment note payable	64,019	—
Due to restricted funds	727,542	590,792
Other liabilities	1,094,258	866,883
TOTAL CURRENT LIABILITIES	11,570,345	11,659,286

ESTIMATED SELF-INSURANCE LIABILITY

LONG-TERM DEBT:

	December 31,	
	1976	1975
Retroactive adjustment due to reimbursing agency	429,995	1,227,000
Instalment note payable	294,865	—
Due to restricted funds	3,030,912	3,030,912
	3,755,771	4,257,912

FUND BALANCES:

	December 31,	
	1976	1975
General fund	31,593,251	30,090,651
Board-designated funds:		
Unrestricted reserve	—	1,876,726
Other unrestricted	6,163,014	4,402,315
TOTAL FUND BALANCES	37,756,265	36,369,692
	\$54,483,381	\$52,286,890

FUNDS

SPECIFIC PURPOSE FUNDS:

	December 31,	
	1976	1975
Fund balances:		
Unexpected income from restricted endowment funds	\$ 615,851	\$ 473,696
Unexpected donations for designated purposes	4,345,850	4,082,974
	\$ 4,961,701	\$ 4,556,670

PLANT REPLACEMENT FUND:

	December 31,	
	1976	1975
Due to unrestricted funds	\$ 38,720	\$ 2,045
Fund balance	4,823,601	3,480,712
	\$ 4,862,321	\$ 3,482,757

ENDOWMENT FUNDS:

	December 31,	
	1976	1975
Fund balances:		
General endowment funds	\$15,007,597	\$11,682,322
Restricted endowment funds	8,628,348	8,238,907
Restricted donations functioning as endowments	3,154,051	2,989,892
	26,789,996	22,911,121

The A. Van Horne Stuyvesant Memorial Fund—

	1976	1975
Fund balance	5,110,603	6,627,850
	\$31,900,599	\$29,538,971



THE SLUKE'S FUND

An Investment in the Future

"To do still better those things we know and do best: providing exemplary patient care, teaching the dedicated practice of medicine and conducting research in the health sciences."

These are the goals adopted by the Hospital Center in establishing The St. Luke's Fund, its first capital and endowment campaign in more than a decade. This bold venture, by providing long-range financial stability, will enable St. Luke's to respond creatively to the challenges of a new—and as yet unchartered—course of health care during the years ahead.

The St. Luke's Fund will raise \$30 million, almost twenty percent of which has already been assured. We will, over the next few years, secure the rest from such private sources as the St. Luke's family, our friends, the community we serve, and from foundations and corporations. Their support will give us the resources we need to face the future with confidence.

A breakdown of the objectives of The Fund follows:

To provide exemplary patient care

New Patient Pavilion \$3,500,000

A new efficient 18-story tower will replace Plant and Scrymser, two obsolete patient care facilities, without adding new beds.

Renovation of Major Facilities \$2,575,000

- Emergency Room remodeling
- Computerization of patient records
- New Recovery Room
- Renovation of other service areas

New Community Medicine Programs \$2,175,000

- Develop and train a primary care group
- Establish community-based satellite group health practices

- Create two pediatric fellowships to provide continuity of care for children who visit our clinics

Endowment of St Luke's Hospice \$1,000,000

Hospice concentrates on treatment of terminally-ill cancer patients employing new concepts of care for the dying.

Endowment of Nursing Research Position \$750,000

New responsibilities and technologies confronting the nurse-clinician will be studied with a view to maintaining both high quality patient care and cost effectiveness.

To teach the dedicated practice of medicine

Endowment of Ten Teaching Chairs \$10,000,000

To maintain a rich educational tradition, ten teaching chairs in the services and divisions at St. Luke's will be endowed. Professors holding these chairs will serve on the faculty of Columbia University's College of Physicians & Surgeons.

To conduct research in the health sciences

Establishment of the St. Luke's Institute for Health Sciences: \$10,000,000

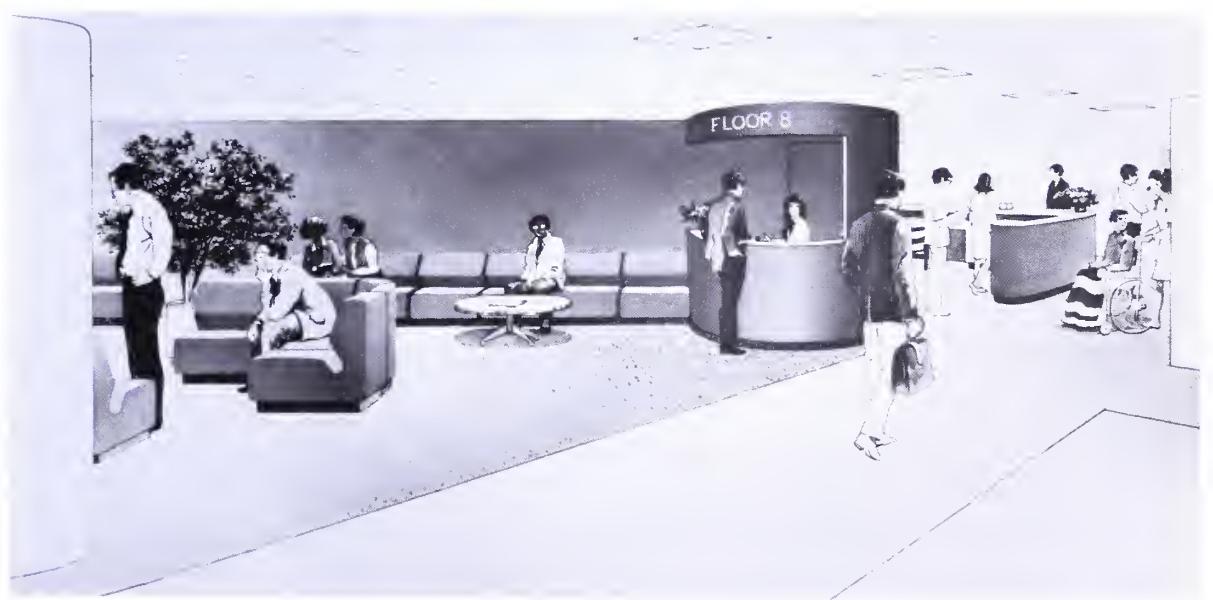
The Institute will work with Columbia University and its affiliates to take advantage of a broad spectrum of institutional strengths. It will fund an enlarged cadre of investigators so that research activities can be expanded, build more laboratory space, and establish a science information service.



Renovated Emergency Room



Architect's rendering of new patient pavilion



Waiting area and nurse's station in new pavilion

**Gifts were given in memory
of the following:**

Giving '76

Generous friends contributed in 1976, as in past years, to the Hospital Center's fiscal integrity. And the friends of St. Luke's are legion. Some have sent sizable gifts; others smaller contributions. All gave what they could, remembering, no doubt, Longfellow's advice: 'Give what you have. To some one, it may be better than you dare think.'

Although the launching of the drive for our newly-established St. Luke's Fund and the Hospital Center's other fund-raising efforts overlapped in 1976, the response to St. Luke's appeals for support was most gratifying. Almost 3,200 gifts totaling approximately \$1 million were received.

Foundations, corporations and churches once again gave substantial contributions during the year. Members of the St. Luke's family—trustees, the St. Luke's Hospital Auxiliary, the Woman's Assistant Board, medical staff, volunteers, and Hospital Center to which they also commit so much of their time. Countless thoughtful people, many of them former patients, recognizing that St. Luke's is both a great medical institution and a force for better health care in the community, added significantly to the total amount.

St. Luke's has for another year steadfastly maintained its high standards of patient care, teaching and research, aided considerably by the concern and interest of so many. We wish that the name of every donor could be inscribed here. This, unfortunately, is not possible. Nevertheless, the board of trustees, on behalf of the entire St. Luke's family, extends heartfelt thanks to each and every one of our friends.

Following are the names of some of these friends who contributed generously to St. Luke's Hospital Center in 1976.

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A researcher examines the innermost structure of cells under the 10,000-fold magnification of an electron microscope.

St. Luke's has a commitment...

As a voluntary nonprofit medical institution, we are deeply committed to give the best possible health care to all those who seek it. This means the best care to our neighbors in the community which we serve, and to patients who come to us from other communities in New York City and the rest of the country. It means that we are committed to provide exemplary education for tomorrow's physicians. And it means that as a modern medical center we are committed to patient-oriented research in the health sciences.

To honor our total commitment to excellence in medicine, two things are needed—the dedication of the entire staff of the Hospital Center, and the generous support of our friends. Without philanthropic support, many of the programs which we today pursue would disappear, and with them would disappear the quality of care which makes St. Luke's such a unique hospital.

Over the years, the millions of dollars in gifts which have come to St. Luke's have helped us care for our neighbors on Manhattan's Upper West Side. This philanthropy has helped implement innovative programs in patient care at the Hospital Center. It has helped us undertake and continue research projects in critical areas of medicine. It has aided St. Luke's in expanding the scope of its teaching programs.

While the support we have received over the years has been splendid, the need for contributions grows yearly, as does the demand for the best in medical care and the cost of providing that care. We need, therefore, not only continued and increased financial support from old friends but additional support from new friends as well to maintain the greatness of St. Luke's and enable the Hospital Center to meet future challenges.

There are various ways in which you may make a contribution to St. Luke's. The current tax laws incorporate a number of incentives that support nonprofit charitable organizations such as the Hospital Center. Federal and State laws provide, within certain legal limitations, that gifts to St. Luke's by individuals or corporations are exempt from income, gift and inheritance taxes. Such gifts may be made to St. Luke's in the form of cash, securities, or other property, or by bequest. They may be given now or pledged for payment over a period of years, or in trust, or with life-time income reserved.

For further information on giving opportunities to St. Luke's, please contact the Office of Public Relations and Development, St. Luke's Hospital Center, Amsterdam Avenue at 114th Street, New York, New York 10025. The phone number is (212) 870-6063.

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Aerial view of St. Luke's Hospital Center with the Cathedral of St. John the Divine at lower left.

About St. Luke's

St. Luke's Hospital Center at Amsterdam Avenue and 114th Street is a private voluntary medical institution which has been serving New Yorkers for more than a century. The Hospital Center includes St. Luke's Hospital, established in 1850 as a general care institution, and Woman's Hospital, begun five years later as this country's first hospital for the treatment of women's diseases. With 776 acute beds it is now one of the City's principal medical centers, attracting patients from all over the world and giving primary health care to thousands of people who live on Manhattan's Upper West Side. The

neighborhood we serve is one of great economic and cultural diversity, stretching as it does from 76th Street to 133rd Street, and from the Hudson River to Central Park West, Manhattan Avenue and St. Nicholas Avenue. St. Luke's is well known also for its extensive research and teaching programs. Since 1947, St. Luke's has maintained a teaching affiliation with Columbia University's College of Physicians & Surgeons. Full university-hospital status was achieved in 1971 and St. Luke's today is a leading teaching hospital in the United States.

St. Luke's Hospital Center

is accredited by:

The Joint Commission
on Accreditation of Hospitals

is affiliated with:

Columbia University
School of Dental and Oral Surgery
School of Nursing
The College of Physicians and Surgeons

is a member of:

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The American Hospital Association

is a member of:

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his pediatrician who has cared for him
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